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ABSTRACT

The Association for the Advancement of Health Education (AAHE) and Academic Programs for Health Science, George Mason University (Virginia), have collaborated in upgrading AAHE's Health Resources Information System. The process involved updating the health resources information on file. This information, which represents addresses and telephone numbers of organizations providing materials on a variety of health topics (e.g., aging, nutrition, and substance abuse prevention), was initially stored in hard copy form. Subsequently, the information was scanned using optical character recognition software into a microcomputer database. Other resources have been added to the database by downloading information from the Library of Medicine's MEDLARS bibliographic database system. Resource records have been "field-tested" by university students who contacted the organizations for materials (e.g., pamphlets and posters). At this time, approximately 600 records of information can be easily categorized, sorted and printed-out in order to respond to AAHE membership requests for health resources. (Author)

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UPGRADING THE ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION'S HEALTH RESOURCES INFORMATION SYSTEM

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The presenter would like to recognize **Mary Hundley** and **John Rufinoski**, Association for the Advancement of Health Education, for their collaborative help in this project. Also, **Scott Litman**, undergraduate student at George Mason University, should be recognized for his role in the initial stages of this endeavor.

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Abstract

The Association for the Advancement of Health Education (AAHE) and Academic Programs for Health Science, George Mason University, have collaborated in upgrading AAHE's Health Resources Information System. The process involved updating the health resources information on file. This information, which represents addresses and telephone numbers of organizations providing materials on a variety of health topics (e.g., aging, nutrition, substance abuse prevention, etc.), was initially stored in hard copy form. Subsequently, the information was scanned using optical character recognition software into a microcomputer database. Other resources have been added to the database by downloading information from the Library of Medicine's MEDLARS® bibliographic database system. Resource records have been "field-tested" by university students who contacted the organizations for materials (e.g., pamphlets, posters, etc.). At this point in time, approximately 600 records of information can be easily categorized, sorted and printed-out in order to respond to AAHE membership requests for health resources.

Introduction

At one time or another every professional in the health education field will be asked, "Where is there more information on 'such and such' health topic?" The professional's response could range from a shoulder shrug to a vague direction, "Try contacting 'such and such' agency." The requester's need for a substantive answer tests the professional's ability to be resourceful. In other words, professionals must possess a real knack for identifying sources of health information. But that is only half of the challenge--the identified sources must be reliably available.

Although increasing numbers of health agencies are posting addresses and "800" telephone numbers, many times the information is incomplete or not up-to-date. Therefore, attempts to contact the sponsoring organization by mail or telephone may yield less than expected results. Even at this very moment, several health resources published in college textbooks or publicized through the airwaves are obsolete. Why? Their existence is dependent upon financial support by the sponsoring agency. When times are economically stressful, many of these resources mysteriously disappear. For some resources, they were intended to be available only during grant-funded period. Yet once a resource is revealed to the public it lives on--recycled from one generation of textbooks and television announcements to the next one--even though the resource may have met its mortality some time ago.

With this in mind, there has to be a more reliable means of identifying available health resources, and such a system needs to be in place for professionals in the health education field. Databases are available for public and professional use. The most familiar is the National Health Information

Center, operated by the Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. This is a free, federally tax-supported information service consisting of over 1,100 excellent resources listed in the publication known as *Healthfinder*. Not only are these resources categorized according to topic and theme (e.g., Adolescent Health Information Materials), but short descriptors accompany each resource including how to order the material from the sponsoring organization. Still, *Healthfinder* neglects to provide telephone numbers for each of its records. Also, *Healthfinder* reminds the user that neither resource materials nor the sponsoring organization have been evaluated and appearance in publication does not imply endorsement by the federal agency.

Another health resource system is CHID--The Combined Health Information Database. CHID is a computerization of health information and resources developed and managed by the Centers for Disease Control, US Public Health Service. The database provides bibliographic citations of major health journals, books and reports. In addition, CHID lists pamphlets, audiovisuals, and hard-to-find information sources as well as health education/promotion programs underway in state and local health departments. Insomuch as CHID provides valuable health resources, many of its records represent technical reports designed for a professional readership. Also, the resources tend to be dedicated to particular areas such as HIV/AIDS/STD risk factor reduction.

There are other databases overseen by the US Department of Health and Human Services such as the Library of Medicine's MEDLARS®, a fee-for-service, on-line computerized health resource system. More will be described about MEDLARS® in this paper. Accordingly, private sector organizations have also developed their own systems including the Association for the Advancement of Health Education's Electronic Bulletin Board. All of these health resource systems are very useful. The intent of this paper is not to review the respective strengths and weaknesses of these systems but rather to emphasize how they all face the compelling challenge--identifying reliably available health resources.

Responding to the challenge is the Association for the Advancement of Health Education (AAHE)'s Health Resources Information System. AAHE collaborated with Academic Programs in Health Science, George Mason University, to upgrade its system. This involved updating the health resources information on file--addresses and telephone numbers of organizations providing health materials. The information was entered into a microcomputer database and is presently available in print-out formats.

AAHE's Health Resources

Over the past few years, AAHE has managed a hard copy information system of health resources. The system has been a compilation of resource lists in which items, health organizations' addresses and phone numbers, were entered via word processing. Each list corresponded to a particular health topic

(see Table 1). Regularly, members of the professional association call the AAHE office and request copies of the lists. In 1991, AAHE formulated a three-part goal: update the health resources information system, ensure that it contained reliably available resources, and store the information in a capacity that would make it easily updatable, retrievable and reportable.

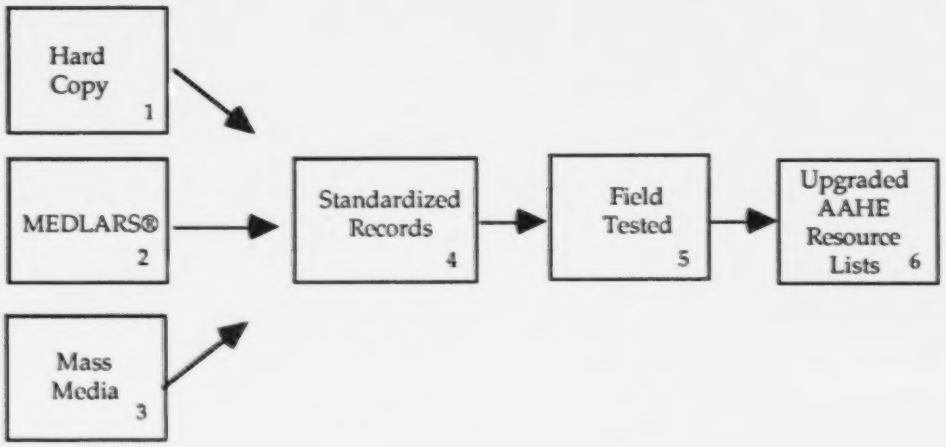
Realizing the impracticality of updating and outputting the lists via word processing, AAHE contacted Academic Programs in Health Science, George Mason University (GMU), to explore a more efficient management of the ever-increasing file of resources. The author met with the staff and devised a data management system that could suit AAHE's needs (see Figure 1). In general, the strategy called for AAHE's existing resources to be combined with current information from the Library of Medicine's MEDLARS® system as well as with information from mass media sources. It would then be necessary to "field-test" the information by asking GMU students to contact the resources. The resources that seemed obtainable would be retained in a database software program. The following sections describe the steps in upgrading AAHE's Health Resources Information system.

Table 1 - AAHE Health Resource Topics

Aging and Health	*General Resources* for Health Topics
Alcohol/Drug Abuse Prevention	*Heart* Health
Cancer Prevention and Detection	*HIV/AIDS/STDS* Risk Reduction
Disability Accommodation	*Mental Health*
Death and Dying Education	*Nutrition* Education
Dental Health	*Patient Education*
Eating Disorders Prevention and Treatment	*Safety* Education
Environmental Health	*Smoking* Prevention and Cessation
Family Life/Sexuality Education	*Stress* Management
Financial Resources for Grantspersonship	*Worksite* Health Promotion
Fitness Programming	

Note: *Italicized terms* represent key terms used in database search.

Figure 1 - Upgrading AAHE's Health Resources



Step 1 - Convert Hardcopy to Electronic Format

Information contained on AAHE's Health Resources sheets was electronically scanned via optical character recognition (OCR) hardware/software and the entries were placed in a text file that were imported into a database application. The hardware were a MacIntosh SE® connected to a Hewlett Packard Scanner®. The software were OCR-Read-It® and Reflex Plus®.

Step 2 - Secure MEDLARS® DIRLINE® Information

Information was downloaded from the Library of Medicine's MEDLARS® via telephone modem at the Online Data Search Department, Fenwick Library, George Mason University. Specifically, records from the DIRLINE® (Directory of Information Resources onLINE) database were secured, telecommunicated via GRATEFUL MED® software to the university and captured on a Microsoft® DOS formatted disk. It was then necessary to convert the data into a format readable by a MacIntosh®. It should be mentioned that DIRLINE® is cross-referenced with the National Health Information Center, National AIDS information Clearinghouse and several other federaliy-operated information systems.

Step 3 - Secure Information from Mass Media

Addresses and phone numbers of agencies furnishing health resources have been published in various AAHE publications (e.g., HE-Xtra, Journal of Health Education). This information was

directly entered into the MacIntosh's® database application, Reflex Plus®. In addition, resources announced in the Washington Post's Health Section, and publicized via public broadcast system television have been entered into the system.

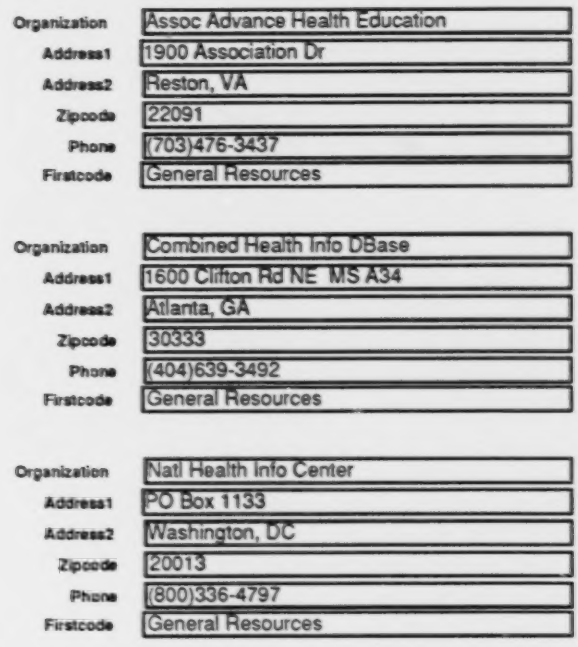
Step 4 - Standardize Resource Records

Considering health resources were being procured from multiple sources, it was necessary to arrange what seemed to be the most recent address/telephone number for each the resources in a standardized format. Even DIRLINE® had multiple listings of the same resource and closer examination revealed that address and telephone information was inconsistent between the listings.

Standardization of health resource records was undertaken in this fashion:

- Construct an exportable and importable data file in which records are delineated by hard-return control characters and fields are separated by tab marks.
- Minimize the data file so that it could be stored on one double-density floppy diskette.
- Abbreviate the record size to only contain the organization's name, mailing address, telephone number, along with four sorting code fields.
- Abbreviate field information uniformingly. For example: "National" appears as "Natl", "American" is "Amer", and so forth.
- Enter a nationwide accessible telephone number in each record. This means that instate resident telephone numbers were omitted
- Use key words in sort fields allowing each record to contain up to four sorting codes.

Figure 2 - Sample Entry



Step 5 - Field Test the Resources

Undergraduate students in introductory personal health classes were asked to use the resources while conducting their personal wellness projects. Separate lists for each health topic were provided to students and they were encouraged to contact the sponsoring agencies in order to secure health resources. Periodically, the instructor asked the students to report their efforts in accessing the information.

Here are some of the questions that were periodically posed to the students: "Were you able to make contact with these resources?" "Were addresses and telephone numbers correct?" "Did the organizations respond to your request?" "Was the resource information useful?"

Based on students' feedback, the health resources were modified, deleted or retained.

Step 6 - Upgrade the Resource Lists

Over the course of two years of "field-testing" 800 health resources, approximately 630 records have been retained in the system. Of course this number fluctuates day by day. The records are housed

in the AAHE office and are printed-out according to health topic on a quarterly basis. Therefore, any requested information on "such and such" health topic will be mailed in hardcopy. The plan is to continue to upgrade the system on a quarterly basis. Association members are encouraged to provide feedback regarding the reliable availability of the resources they have secured from the AAHE office.

Things to Keep in Mind

Interestingly enough, this project turned-out to be an infinitely monumental task. AAHE as well as other organizations that maintain a health resource system will freely admit that it is a never-ending commitment. With that in mind, a few things need to be kept in mind if anyone wants to identify and secure reliably available health resources. For starters, the more reliable and stable resources tend to be governmental agencies and private, nonprofit community organizations. Resources advertised via universities, corporations and medical centers tend to be less reliable. Perhaps this is because university and medical centers may be operating on "soft-funding" and their resources become obsolete after a grant-funded period. Corporations, on the other hand, do not appear to be in business to respond to public requests (unless they happen to be selling the materials.)

Another matter to keep in mind is how to order materials. According to the National Health Information Center, a requester should be as specific as possible when placing the order. If the request is by telephone, the person should rehearse his/her request before speaking to an information specialist. Be sure to ask if there is any charge (including postage and handling) for filling the order. One shouldn't be surprised by an invoice accompanying the delivered materials.

In conclusion, AAHE's Health Resource Information System comprises over 600 records of organizations that furnish health information and materials upon request. The system has been upgraded by using information from the Library of Medicine's MEDLARS® bibliographic database system. Resource records have been "field-tested" to ensure reliability. The AAHE membership is welcome to not only request these health resources but also to contribute to the system.